

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED

MAR 16 2015

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Mario A. Moore

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

15-cv-02336

Judge Joan B. Gottschall

Magistrate Judge Daniel G. Martin

PC1

Tom Dart

Cook County Dept. of Corrections

Cook County Jail

Officer Colquitt

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: Mario A. Moore
- B. List all aliases: N/A
- C. Prisoner identification number: 2012-100476 M45753
- D. Place of present confinement: Centralia Correctional Center
Cook County Jail
P.O. Box 7711, Centralia, IL 62801
- E. Address: 2800 S. California Ave., Chicago, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Tom Dart
Title: Sheriff of Cook County
Place of Employment: Cook County Sheriff's Department
- B. Defendant: Officer Colquitt
Title: Cook County Sheriff Deputy
Place of Employment: Cook County Sheriff's Department
- C. Defendant: Cook County Jail
Title: County Jail
Place of Employment: Cook County Department of Corrections

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

D. Defendant: Cook County Department of Corrections

Title: Correction Center

Place of employment: Cook County Jail

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: _____

- B. Approximate date of filing lawsuit: _____
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: _____

- D. List all defendants: _____

- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): _____
- F. Name of judge to whom case was assigned: _____

- G. Basic claim made: _____

- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): _____

- I. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On Sept. 19th, 2013. At approximately 8:00pm, I was locked in my cell #18, on Tier I-C, Division 10, of The Cook County Jail. When another detainee named Edward Jones, housed on Tier I-C, Cell #12, Division 10. Threatened to physically and violently attack my cell mate John Holliman, when the nurse came with medication. When the nurse arrived, Officer Colquitt who was assigned to the living unit. was supposed to enter the unit and key open each cell door, which is corrections protocol. Instead Officer Colquitt "Popped" or "Rolled" the doors from the interlock or officers office, called "The Bubble". At that time, Edward Jones attempted to enter my cell. I blocked his way and told him "Do not come in my cell". I then tried to calm the situation, but Mr. Jones was set on attacking Mr. Holliman. After three minutes of trying to avoid this physical altercation and officer

Colquitt, still not being in the Housing unit. I turned my head to look at Mr. Holliman, who was sitting on his bunk inside our cell. When Mr. Jones entered the cell and violently attacked me. Striking me in the face and head more than seven times. Causing me to be transported to Cermak Health Services, with several injuries. Two black and swollen eyes, left eye partially covered with blood, right eye completely covered with blood, right jaw swollen with severe pain, blood from my nose, both lips swollen and bloody, right temple swollen with severe pain, right ear swollen with severe pain. Also bruising of my temple and forehead. This along with dizziness, nausea and vomiting; I did not recover from these injuries for over one month, and still suffer some side effects. Cook County Corrections staff made a video of the incident's injuries and me in my cell. This video should be on file and available.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like the court to award me \$850,000 in this case, as relief in this case, for a failure to protect and a failure of standard operating procedure.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 10th day of June, 20 14

Mario A. Moore

(Signature of plaintiff or plaintiffs)

Mario A. Moore

(Print name)

2012-1001176

(I.D. Number)

P.O. Box 089002

Chicago, IL 60608

(Address)



(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

2013x3967

! This section is to be completed by Program Services staff - ONLY ! (! Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Moose

DIVISION (División):

10

PRINT - FIRST NAME (Primer Nombre):

Mario

LIVING UNIT (Unidad):

1-C

ID Number (# de identificación):

2012-1001176

DATE (Fecha):

09/20/13

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- * An Inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- * Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- * When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.

* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.

* Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE:

(Por Favor, Incluya:

Date of Incident

Fecha Del Incidente

Time of Incident

Hora Del Incidente

Specific Location of Incident

Lugar Especifico Del Incidente

On Sept. 19, 2013, at Approx. 8:00pm. I was locked in my Cell #18, on Tier 1-C, in Division 10. When another inmate, Edward Jones housed in Cell #12. Threatened to physically and violently attack my cellmate, John Holliman when the Nurse came with medication. When medication came Officer Colquitt, instead of keying the cell doors, "Popped" them from the interlock. Mr. Jones then attempted to enter my cell and I told him don't come in my cell. After approx. 2-3 minutes of me trying to calm the situation, Mr. Jones violently attacked me striking me in the face 7-8 times causing damage to both eyes, my right ear, right side of my jaw and forehead. I am scheduled for a CT scan 09-20-13 in CHS. I want an action Administration believes necessary and legal action.

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitado):

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información):

Harold Vaughn
John Holliman Div. 10 Tier 1-C

INMATE SIGNATURE (Firma del Preso):

Mario A. Moose

SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

S. Freeman

SIGNATURE:

S. Freeman

DATE CRW/PLATOON COUNSELOR RECEIVED:

9/21/13

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



INMATE GRIEVANCE RESPONSE / APPEAL FORM
(Petición de Queja del Preso/Respuesta/Forma de Apelación)

2013X 2967

INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

Mario

Mario

201X-1661176

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

Failure to protect

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

OPK I.S.

DATE REFERRED:

9/29/13

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Your report has been directed to OPR for review and/or investigation.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

Theresa Olson

[Signature]

Hum. Svc.

10/2/13

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):

☐ GRIEVANCE SUBJECT CODE:

☐ NON-GRIEVANCE SUBJECT CODE:

[Signature]

10/18/13

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- * To exhaust administrative remedies, appeals must be made within 14 days of the date the Inmate received the response.
- * Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): 10/26/13

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación)

They have not contacted me at all or visit me for any investigation process. This is unacceptable more than 30 days later.

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Si)

No

☐

☒

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

You need to contact OPR directly for any information re: your report
773-674-7582

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a)):

DATE (Fecha):

Theresa Olson

[Signature]

11/4/13

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE
(Fecha en que el preso recibió respuesta a su apelación):

[Signature]